

703-1384  
10903 U.S. PTO

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>SLM M</i>		<i>05-21-01</i>
O.I.P.E. CLASSIFIER	<i>sn</i>	<i>20064</i>	<i>7/14/01</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
— (Through numeral)	Canceled	A	Appeal
:	Restricted	O	Objected

Claim	Date	Claim	Date	Claim	Date
Final Original		Final Original		Final Original	
1		51		101	
2		52		102	
3		53		103	
4		54		104	
5		55		105	
6		56		106	
7		57		107	
8		58		108	
9		59		109	
10		60		110	
11		61		111	
12		62		112	
13		63		113	
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45		95		145	
46		96		146	
47		97		147	